

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/578526

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		8				
10		0				
11		1				
12	1	0				
13		0				
14		0				
15		0				
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42		0				
43		0				
44		0				
45		0				
46		0				
47		0				
48		0				
49	1					
50	1					
TOTAL IND.	4					
TOTAL DEP.		52				
TOTAL CLAIMS		56				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Best Available Copy